State of Louisiana Department of Revenue

Job#					



General Contractor/Subcontractor/Supplier List

	Project name
General Contractor	Street Address
	City, State, ZIP Start date of project
Name	Ending date of project
Address City, State, ZIP Amount of contract \$	Please complete and return to: Department of Revenue Taxpayer Services Division Sales Tax Section P.O. Box 3863 Baton Rouge, Louisiana 70821-3863
Subcontractor	Subcontractor
Name Address City, State, ZIP	Name Address City, State, ZIP
Amount of contract \$	
Subcontractor	Subcontractor
Name	Name
Address	Address
City, State, ZIP	City, State, ZIP
Amount of contract \$	Amount of contract \$
Subcontractor	Subcontractor
Name	Name
Address	Address
City, State, ZIP	City, State, ZIP
Amount of contract \$	Amount of contract \$

Supplier	Supplier
Name	Name
Address	Address
City, State, ZIP	City, State, ZIP
Supplier	Supplier
Name	Name
Address	Address
City, State, ZIP	City, State, ZIP
Supplier	Supplier
Name	Name
Address	Address
City, State, ZIP	City, State, ZIP
Supplier	Supplier
Name	Name
Address	Address
City, State, ZIP	City, State, ZIP
Supplier	Supplier
Name	Name Name
Address	Address
City, State, ZIP	City, State, ZIP